



SE-550A CERTIFICATE of FULL or PARTIAL SUBSTANTIAL COMPLETION

AGENCY: _____

PROJECT: _____
(Number) (Name)

PROJECT LOCATION:

(enter building, floor or similar
information to locate the Project)

This is a two part form. The SE-550C is to be completed by the Contractor and delivered to the A/E or design professional. The SE-550A is to be completed by the A/E and submitted to the Agency for approval.

CERTIFICATION

I hereby certify that ☐ Full or ☐ Partial Substantial Completion has been accomplished as defined in the Project Manual and in conformance with the requirements of the Contract and the *Manual for Planning and Execution of Permanent Improvement Projects-Part II*. This certification declares that:

- A. The work that remains to be completed after full or partial substantial completion is minor in scope and nature.
- B. The remaining work is not disruptive to the function of the facility occupants and is limited to minor items required to finalize the project. Examples are minor touch up paint, electrical device cover plates, hardware and window adjustments and minor repairs to finishes.
- C. The Contractor's SE-550C and all attachments thereto have been reviewed and any exceptions are noted.
- D. The composite A/E's Punch List is attached, with the status of each item noted.
- E. All other requirements of the Contract related to Substantial Completion have been accomplished, to include delivery of all operational and maintenance manuals, record drawings, maintenance training, warrantee certificates and start up activities.

DATE FOR FULL OR PARTIAL SUBSTANTIAL COMPLETION:

(This is also the date for the commencement of warranties required by the Contract.)

(Date)

**SPECIAL CONDITIONS OR STIPULATIONS CONCERNING THE COMPLETION OF PUNCH-LIST
ITEMS OR EXPLANATIONS PARTIAL SUBSTANTIAL COMPLETION:**

A/E's CERTIFICATION DOES NOT CONFER APPROVAL TO OCCUPY THE FACILITY**A/E's CERTIFICATE**

BY: _____
(Signature of A/E Representative)

(Print or Type Name of A/E Representative)

ITS: _____

AGENCY'S ACCEPTANCE

BY: _____
(Signature of Agency Representative)

(Print or Type Name of Agency Representative)

ITS: _____

INSTRUCTIONS TO THE A/E:

1. Forward Forms SE-550C & SE-550A with attachments to the Agency for review and approval.

INSTRUCTIONS TO THE AGENCY:

1. Forward approved Forms SE-550C & SE-550A with attachments to the OSE.